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THE ACADEMIC ADVISEMENT OF DISABLED STUDENTS, INSTITUTE PROCEEDINGS (SYRACUSE UNIVERSITY, JUNE 16-18, 1965).

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SPEECHES AND REPORTS FROM AN INSTITUTE ON HIGHER EDUCATION FOR PHYSICALLY HANDICAPPED STUDENTS ARE PRESENTED. THE INSTITUTE WAS SPONSORED BY THE ALL-UNIVERSITY REHABILITATION COUNCIL AT SYRACUSE UNIVERSITY. ONE SPEECH OUTLINES THE SPECIAL PROVISIONS INCLUDING ADMISSION, PLACEMENT, AND COUNSELING SERVICES FOR HANDICAPPED STUDENTS AT THE UNIVERSITY OF MISSOURI. ANOTHER BRIEFLY SURVEYS THE NUMBERS OF HANDICAPPED STUDENTS IN COLLEGES AND UNIVERSITIES AND TYPES OF PROVISIONS MADE FOR THEM. DISTINCTION IS MADE BETWEEN THE RESPONSIBILITIES OF THE UNIVERSITY AND THE RESPONSIBILITIES OF THE HANDICAPPED STUDENTS. REPORTS SUMMARIZE OTHER SPEECHES ON ARCHITECTURAL BARRIERS, TRENDS IN HIGHER EDUCATION, AND MEDICAL ASPECTS. REPORTS ALSO SUMMARIZE THE WORKSHOP SESSIONS OF STUDENT PERSONNEL ADMINISTRATORS, HOUSING OFFICERS AND CAMPUS PLANNERS, MEDICAL OFFICERS, AND UNIVERSITY COUNSELORS. APPENDIXES INCLUDE A COPY OF THE INSTITUTE PROGRAM, NAMES AND ADDRESSES OF THE PARTICIPANTS, A 20-ITEM ANNOTATED BIBLIOGRAPHY, AND A LIST OF EIGHT SOURCES OF RESOURCE MATERIALS. (MY)

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THE ACADEMIC ADVISEMENT OF DISABLED STUDENTS

Institute Proceedings
June 16-18, 1965

Sponsored by the All-University Rehabilitation Council

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AN INSTITUTE

on

THE ACADEMIC ADVISEMENT OF DISABLED STUDENTS

at

Syracuse University

Editors

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PREFACE

The increasing encouragement being given to the disabled student from an ever widening range of sources to pursue higher educational opportunities has simultaneously proven to be an individual asset and frequently an institutional enigma. Subsequent to the formation of the All-University Rehabilitation Council at Syracuse University there developed an appreciation of the mutual concern of the several disciplines involved in the needs presented by the disabled student. The Council expressed an interest in pursuing proposals which had been submitted in previous years and in 1965 a proposal, with revisions, was approved by the Vocational Rehabilitation Administration, Department of Health, Education, and Welfare for an Institute on "Academic Advisement of the Disabled Student."

The objectives of this Institute were:

1. To enhance college personnel's ability to handle academic advisement of the disabled student more effectively and thereby facilitate campus adjustment,

2. To provide knowledge about the medical and social needs of the student with locomotive difficulties which may be less familiar to college personnel, e.g., cerebral palsy, post-polio conditions, amputees, spinal cord injuries, heart and epilepsy,

3. To consider aspects of pre and post college planning for the disabled student, e.g., potential population for college, realistic vocational goals, feasibility of college objectives, transportation factors, architectural and topographical barriers, and the coordination of services and resources.

The School of Social Work, its faculty, and members of the All-University Rehabilitation Council cooperated in assembling a competent array of resources which contributed to the success of the Institute. The School also took leadership in initiating and structuring the design of the three-day Institute. The physical planning and arrangements were carried out in a most able manner by the University Conference Office, headed by Miss Eleanor Ludwig. The office staff of the School of social Work gave unstintingly of their time in preparing preliminary reports. Immeasurable assistance was rendered by Miss Vivian Kronenberg, Assistant to the Dean, School of Social Work, in the final preparation of the reports and proceedings for publication. The cooperation of other departments on the campus made it possible to explore in depth the problems and learning needs of disabled students.

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FOREWORD

A major feature of this Institute was that its development and planning was initiated and carried out by the All-University Rehabilitation Council of Syracuse University. The Council consists of twenty-five members representing Syracuse University Administration, Admissions, Student Personnel, Health Services, the Schools of Architecture, Nursing, and Social Work, the Division of Special Education and Rehabilitation; as well as the State University of New York College of Forestry at Syracuse and the Rehabilitation Center of the State University Hospital. The Council acknowledges the interest and support of the Vocational Rehabilitation Administration officials, especially the suggestions and cooperation of Miss Margaret M. Ryan, Washington, D.C.; Dr. Salvatore G. DiMichael, New York, N.Y.; and Adrian Levy, Albany, N.Y.

Haven Hall was selected as the setting most conducive to a thoughtful consideration and reflective review of the theme "Academic Advisement of Disabled Students." The focus was upon student personnel, health and medical aspects, counseling, housing, and campus planning. The gracious, presiding Dean Gladys VanBenschoten of the School of Nursing and the timely welcome of Vice-President Clark D. Ahlberg of Syracuse University at the opening session set the tone for the three-day Institute. The keynote presentations by Drs. Timothy J. Nugent, William M. Cruickshank, and Timothy Gust were stimulating and provided perspectives from which to examine much content in depth during subsequent sessions. At plenary sessions Drs Leo Jivoff and Herbert Rusalem sparked an atmosphere of intellectual excitement that sprung from their disciplined imagination, fund of knowledge, and rich experiences.

In planning the Institute, Council members felt that there was a need for "free exchange," a pooling of information, and an opportunity to learn about the policies and programs for disabled college students in various parts of the country, how they operated and were financed in institutions of higher learning. Along with an exploration of the theme and areas to be considered, informal discussion groups were arranged in spite of some apprehension about the effectiveness of "free

floating" members. However, the sessions proved to be productive, providing fruitful group interaction and communication and permitting flexibility in keeping with participants' interests.

The experimental shift from principal speakers to multiple discussion leaders was advantageous for all. As an added feature graduate students, majoring in counseling, served as recorders. The merging of groups for tours to the Rehabilitation Center to reinforce the discussion sessions offered variety and stimulation. The general or collective group meetings provided content for discussion, included disabled students attending Syracuse University, fostered the development of ideas and clarification of points, and permitted some feedback from the workshop and informal "spot conference" sessions. A spirit of good will, mutual respect, and heightened motivation to learn, to work together and share, prevailed throughout the Institute. As a result of the three days of living together, there was encouragement and support to move forward to achieve academic advisement and planning for disabled students in institutions of higher learning on the campuses represented.

Any institute with an educational focus must select its materials in terms of its focus; and the selection of the discussion content involved omissions as well as inclusions. Some areas were expounded at length and others received only a passing reference. There was considerate attention given to architectural and nonarchitectural barriers affecting disabled students' campus adjustment. Issues related to medical and emotional components, population growth, characteristics of power, stratification, cultural and social differences, technological spheres, vested interests, the dwindling open spaces on campuses, program planning, institutional design and a host of other positive and negative factors affecting the disabled student. A dynamic undercurrent prevailed relative to the philosophy, attitude, and acceptance of the disabled student in higher educational institutions.

Generally, the Institute was not merely an academic exercise for the participants. It was obvious throughout that the resources of academic communities are many, yet they have not been fully tapped in behalf of disabled students. There were helpful suggestions as to how to initiate similar institutes and workshop sessions in other areas of the country. The exchange of ideas on research and demonstration pilot projects had value for many college settings and could become the stimulus for programs on other campuses where relatively little

is being done for the disabled student. Common concern was expressed about reaching out and challenging faculty to become more alert to the educational and vocational potentials of disabled college students. Responsibility in this area, in recruitment and in the admissions process seems to rest largely upon administration and faculty in higher educational institutions.

The participants agreed that an account of their experiences should be shared with colleagues and others at the policy and decision making level in an attempt to stimulate academic guidance for disabled students and in the process, reinforce education for the total student population in institutions of higher learning.

In conclusion, it was apparent that there is need to probe deeper into the educational gaps for the disabled student, the nonarchitectural barriers, and the extent of mental disabilities on campuses. In addition to the continuing education of academic personnel in the realm of medical entities, the education of the disabled student is far too encompassing a matter to entrust to counselors alone. A stimulating campus environment which embraces the purposes of education, the flexibility of methodology and techniques for imparting knowledge, depend upon the unified intelligent action of faculty and administration if academic advisement is to have any meaning for and value to the disabled student.

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ADMISSIONS AND COUNSELING THE DISABLED STUDENT

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The title of my address indicates two types of contact with handicapped students, i.e., admissions and counseling. Although they are different functions, they are not separate but are very inter-related. As an example, the relationship developed during admissions can be very student centered and maintained with a counseling point of view. In like manner, some counseling contacts are very administrative in nature and do not completely fit the usual stereotype of an intimate therapeutic relationship. The resulting over-lap between the two functions provides for this interrelationship and often enables the student to make an easy transition from his applicant status to student status as he becomes a part of a college student body.

Other descriptions of programs for handicapped college students have included admissions and counseling as an important part of their service. Condon (1962) described a well developed program of admissions at the City College of the City University of New York. She also described at length many important aspects of continued contact with the student giving special attention to assessment of particular academic functions of note taking, test writing and the like with individual reports going to each course instructor.

Tucker (1964) outlined the procedures employed at Kansas State Teachers College for the admission and education of severely handicapped students with similar attention paid to admissions and counseling and the administrative structure which developed on their campus.

Rusalem (1962) has provided probably the most comprehensive coverage of material dealing with the total college experience of handicapped students. In this highly recommended book he presents detailed information on almost any question

related to handicapped students and a college program for them.

Various patterns of organization and procedure in the establishment of a program of admissions and counseling emerge as one compares these different publications. A special committee for admissions, aid in registration procedures, orientation, and other procedures such as aid with transportation, parking, and study are some of the more common.

In order to emphasize some of these admission and counseling procedures which I believe are necessary to an effective program, I would like to use our Handicapped Student Program at the University of Missouri as a model. Working through some common procedures in a rather practical and routine manner permits them to be seen as they function.

Before going further, I would like to mention my bias for differentiating between the disabled and the handicapped. Hamilton (1950) has defined a disability as ". . . a condition of impairment, physical or mental, having an objective aspect that can usually be described by a physician." The handicap is ". . . the cumulative result of the obstacles which disability interposes between the individual and his maximum functional level" (p. 19). Because I am more accustomed to it I will be using "handicap," rather than "disabled" as we go on.

In 1959 several members of the University faculty became interested in these problems and applied to the Vocational Rehabilitation Administration for a planning grant which would allow them to study the need for a modified university facility to serve Health, Education and Welfare, Region VI. This region consists of the states of Missouri, Iowa, Minnesota, North Dakota, South Dakota, Nebraska and Kansas. The planning grant was approved and as a result of the study it was decided to initiate plans to establish the University of Missouri as an institution which would provide special facilities for the severely handicapped.

The University then applied to the Vocational Rehabilitation Administration for research and demonstration funds which would be used to aid the University in making the necessary modifications. Three factors were involved in the project: (1) the modification of physical facilities, (2) the organization and coordination of services currently available, and, (3) the creation of new services and facilities to meet the needs of this particular group. The project was approved and

Professor John F. McGowan was appointed Project Director.

The philosophy behind the establishment of such a program is that every member of a democratic society has the right to an education commensurate with his interest and ability; furthermore, that society has the corresponding obligation to provide facilities which will allow him to secure such an education.

The University has made it possible for handicapped students to participate to the fullest possible extent in regular student activities and student life. Exception to regular participation are made on an individual basis. Access to services and facilities is provided so that students may utilize them as needed. In this way, the student is encouraged to be as independent as possible within the framework of his particular limitation.

The emphasis upon independence provides for encouragement of independent thinking as well as functioning. Only in this way can a student expect to profit from the total college experience.

In organizing the program for handicapped students at the University of Missouri, concern was expressed as to the administrative structure to be used. After considerable planning, a form of decentralized pattern was chosen and the new position of Assistant Director, University Testing and Counseling Service was created. This section of the Testing and Counseling Service was created in order to serve as a point of contact and liaison between the University and agencies sponsoring severely handicapped students; and to maintain a continuing contact with handicapped students throughout their college careers. In addition the manner of on campus procedure was very clearly set. The program was not to duplicate or abrogate any service already available for all University students.

The program then provides a consultive service to all on-campus groups and services who have contact with handicapped students and able-bodied students. In carrying this out, the counselor in the Handicapped Student Program confers and works with the Student Health Service, Housing and Cafeteria Services, Registrar, Admissions, and Student Union just to name a few. In addition, he is a central coordination point on campus for all interested faculty and students to contact.

In order to illustrate more clearly, I would like to follow a specific applicant from the time he first writes for information about the Handicapped Student Program at the University of Missouri until he is completely enrolled and going to classes.

After requesting information and application blanks, a complete packet of admission materials is mailed from the office of the Handicapped Student Program. Instructions for completion are very carefully spelled out with all materials to be returned to the Handicapped Student Program when ready. We have found it necessary to move up the dates for receipt of applications for admission in order to have time to adequately evaluate the prospective student. These dates are June 1, for the Fall Semester, December 15, for the Winter Semester, and May 1, for the Summer Session.

The forms include the usual application for admission and medical form, an additional medical history form, and an additional information form which summarizes personal, social, functional, financial, basic disability, and educational-vocational information.

In order to provide for more effective educational-vocational planning the student is required to take the University Freshman Placement Tests and the Strong Vocational Interest Blank (SVIB) and to provide the results along with his application. This permits us to better evaluate academic potential as we have a standard measure as compared to a sometimes unreliable or nonexistent high school rank. The Strong Vocational Interest Blank provides a comparison with the applicants declared field of study and enables us to begin vocational counseling as the person begins his college planning.

Directions for securing or purchasing the necessary testing services are included with the application forms for the applicants convenience. The general directive instructs the applicant to contact the nearest University or college testing service, his high school counselor, or Vocational Rehabilitation Counselor. For students in HEW Region VI we provide names and addresses of college testing centers in each of the seven states included.

A request for University housing completes a students application packet which, when it is received in our office, is checked and after being copied for our files, originals are

sent to the admissions office and Student Health Service.

We believe it necessary to provide the above service because:

a. we coordinate the applications in only one office on campus and can remind and assist applicants who may have difficulty

b. we have the time and responsibility to pay closer attention to idiosyncratic details

c. we have materials at our disposal for doing necessary research.

After all materials are in, an application can be reviewed by our Special Admissions Committee. This Committee consists of the Associate Director of Admissions, and Director of the Student Health Service, and the Assistant Director of Testing and Counseling in charge of the Handicapped Student Program. If the applicant meets minimum entrance requirements for all University applicants, is apparently acceptable medically, and appears generally to be suitable on paper; he receives an appointment for a personal interview.

This interview consists of physical therapy and speech and hearing evaluations, some additional psychometric testing, an evaluation of handwriting, typing, and manipulative speed (if applicable), an interview with the Handicapped Student Counselor and if the applicant is acceptable; pre-advising and pre-enrollment. The student is then ready to arrive on campus for orientation week with all students, and after the usual activities, begin classes.

The procedure outlined above is what is perceived by the student but does not make mention of the coordinating and consultive functions which go on behind the scenes. Some of the additional tasks are as follows:

a. aid Admissions to secure necessary transcripts and recommendations when necessary.

b. confer with aid and awards when financial need is apparent.

c. reserve dormitory spaces.

d. determine transportation needs.

e. arrange for parking privileges with Traffic Safety.

f. aid the Student Employment Bureau in finding a personal attendant for the prospective student.

g. aid in registration and pre-registration.

h. maintain a continuing contact with the State Vocational Rehabilitation Counselor or other sponsoring agency.

In all of these campus contacts and procedures, the appropriate service gradually becomes familiar with working with the handicapped students through the initial contacts with the Handicapped Student Program and permits a gradual campus awareness to grow. As yet we have no statement different from our regular admissions policy except that each student must be able to communicate in a manner which will allow instructors to evaluate their classroom performance. Our lack of many definite statements reflects our desire to remain open to experimentation and allow for flexibility.

Routines can be established for all admission procedures but completion of each procedure requires some personal contact from the Handicapped Student Program as individual differences among handicapped students make complete grouping almost impossible. These individualized contacts make a transition into counseling (a personal contact) much easier for the new student.

What then are the counseling needs of handicapped students? If we remember that the college environmental requirements for a handicapped student are the same as for an able-bodied then we can assume that the various counseling needs will be approximately the same. As an example, typical problems confronting the able-bodied students are: transition from high school to college, gradual development of independence from parents, identification with peers, development of broader concept of self, and continued educational-vocational development and planning to name a few. Now these possible problem areas are also of concern to the handicapped student and in many cases are rather straight forward in their comparability to the concerns of the able-bodied. However, in some cases

the manner of approaching the problem must be somewhat altered as a result of a modified or idiosyncratic concern. In other words, the basic concern may be the same but because of the situation and/or person, an approach toward solution must be tailor made or specialized. We do this every day as we respond to idiosyncratic counseling needs of students.

Take for example the case of Jeril, a post-polio student who walked quite well with metal crutches and could even manage without them for short distances. Jeril spent part of a semester in continued counseling contacts, with her chief problem being one of identification with peers. With whom could she identify, able-bodied or girls confined to wheelchairs in the dorm. She made comments like, "I guess I never thought I was handicapped. Maybe I should just realize that I am." And then, ". . . but I've never really thought of myself as handicapped since I was a little girl. There were just some things I couldn't do but I always tried everything first."

Her vacillation prompted her to look at herself from two different frames of reference; that of a handicapped and of an able-bodied girl. As a child, her parents had never given her special consideration like being excused from certain tasks. Rather they aided her to find her best way to do things.

Jerry Graff was a paraplegic as a result of an automobile accident. His progress in school was overshadowed by his constant over-striving to prove his superiority in rather insignificant ways. He had not been able to fully internalize the fact that he was actually handicapped and confined to a wheelchair. He spent hours trying to do "big" things and overcome tremendous obstacles in order to prove to others that he was not "a cripple." However, he failed to achieve the very realistic goal (for his ability level) of succeeding in his academic work. Immediate satisfaction of needs based on glamorous recognition appeared more attractive to him than the more distant gratification available had he proved himself by passing his courses.

A final example demonstrates general passivity. Clarence came to the University with an average to above-average academic record. From the very beginning he was more content to watch TV, play poker, and shoot craps than to either study or get to class. The only thing I could depend on him for was being "just one minute late for the bus." He simply was not mature enough for college. Continual contact only brought out the usual "I'll really try next week" without

any change.

These different cases possess at least one commonality. They are typical of college counseling center cases, involving typical college students. This illustrates the point I wish to make concerning the counseling of handicapped college students; they represent typical college students and cannot be meaningfully grouped just because they are handicapped. The counseling function has traditionally been based on the concept that individual differences are important and should be taken into account.

Recognizing these individual differences services as an overall guide for those who raise questions regarding differences in counseling between handicapped students and able-bodied students. Using the description "a college student with a physical handicap" as compared with "a handicapped college student" provides an opportunity for a somewhat more realistic picture of the student. Approaching counseling from this frame of reference often aids in making the initial contact with a handicapped student an experience more comparable with counseling an able-bodied student.

Although I have stressed the importance of considering the handicapped student to be just like the able-bodied, we appear to have a special counseling program. Rather than "special," I prefer to call this "specialized" counseling. For example, a common concern will usually manifest itself differently for different individuals. Subsequent action then will reflect the individuals' differences. This holds true for students with physical handicaps who manifest an individual difference from the able-bodied and from each other.

Our specialized counseling allows for:

a. important "administrative" counseling re: academic routine, grades, regulations, etc., and

b. more comfortable initial contacts with subsequent referral to regular staff in our Testing and Counseling Service made easier.

An interesting measure of your comfort level and awareness of the individual instead of his handicap is available after continued interaction with a handicapped student. When you begin to forget yourself after becoming familiar with a wheelchair student and ask him to "walk over to the next

building" or when you invite a blind student to "see for yourself" while offering him an opportunity to tactually examine an object then you have indeed overcome excessive concentration on the handicap.

The method of recognizing individual differences and concentrating on the individual rather than on the handicap provides a meaningful frame of reference for approaching the admissions and counseling of handicapped college students. It permits a more positive approach to the many diverse situations encountered and allows the student the opportunity of some flexibility in administrative consideration which is so important for him.

REFERENCES

Conden, Margaret E. The facilitation of the education of the physically disabled college student. Rehab. Lit., 1962, 23, No. 9, 266-274.

Hamilton, K. W. Counseling the handicapped in the rehabilitation process. New York: Ronald Press Co., 1950.

Rusalem, H. Guiding the physically handicapped college student. New York: Teachers College, Columbia University, 1962.

Tucker, W. V. (ed.) Higher education and handicapped students. Emporia: Kansas State Teachers College, 1964.

OBLIGATIONS AND EXPECTANCIES OF THE DISABLED PERSON IN THE EDUCATIONAL PROCESS

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This institute, concerned as it is with the academic advisement of the disabled student, is but another piece in the developing mosiac of national concern for a vast group of individuals in the society who must be brought to the maximum of their intellectual and working potential. The economies of the problem dictate this action if for no other reason. The United States has always been typified by a humanitarian point of view, but the point of view and our reputation has often exceeded the reality of our national program. The disabled person finds himself in a minority group which is often just as segregated, if not many times more so, than minority groups whose characteristic is one of race or religion.

However, since the early part of the decade of the forties, changing attitudes have begun to appear in large numbers of our people which more nearly equates disability with normalcy and this attitude permits the integration of the disabled person more fully into our elementary and secondary schools, into industry and business, and in a lesser extent to date into colleges and universities. There are still, however, large groups of physically disabled individuals who are ostracized in almost any social group, for example, the epileptic. The society of which we are a part can ill afford to compliment itself yet on having achieved a high level of humanitarian acceptance insofar as the disabled is concerned. There is too much selfishness yet which is basic to what is being done, too much misguided effort in too many communities, too little understanding of the rights and responsibilities of the handicapped and as well the rights and responsibilities of others toward the handicapped. The handicapped adult still suffers indignities at the hands of persons who should know and judge more accurately.

The title of the topic on which I have been asked to speak this evening concerns itself with obligations and expectancies of the disabled person in the educational process. I am presuming that this pertains essentially to the educational process in higher education and it is this level of education to which I have directed my thinking. I prefer to turn the title around a bit to think of the matter from the point of view of expectancies and obligations rather than the reverse way it appears in your program.

It is my considered opinion that the disabled person has a right to certain expectancies in higher education, from higher education, and from the administrators of higher education. He has a right to expect to receive the same considerations as are received by all students, the right to receive the same privileges as are accorded to all students, the right to succeed or fail in the same degree as is accorded to all students. The disabled person is a bona fide member of our society. He is one of us. He cannot be different than he is. As men generally have a right to expect certain things of their society so does the disabled. As women have a right generally to expect certain things of their society so does the disabled. As those with certain dietary laws have a right to expect that their beliefs will be recognized, so does the disabled. As Catholics have a right to expect that religious freedom will be accepted on any campus, so the disabled have rights to expect that their needs will be accepted. As Jews rightfully expect that their worship services can be on Friday evenings instead of Sundays as Catholics and Protestants have a right to expect, so the disabled has the right to expect that his unique needs will be accepted and planned for. His needs are no different in principal from the needs of the Jewish, the Catholic, or the Moslem student. American universities have gone out of their way to attract foreign students to their campuses. Special counselors cater to their needs. Special religious provisions are made. Special social groups are organized to serve the needs of these students. Oftentimes special foods are prepared or the students are provided facilities wherein they can prepare their own. These are students with unique needs who in our concept of world-wide educational responsibility, we have attracted to our educational settings. The disabled has the right to expect that his needs, which are of a different order and often of a different degree, will be accepted and met with equal enthusiasm.

To what extent are universities and colleges rising to meet these needs whatever they may be? We have too little

objective data to know, but what data are available do not present a favorable picture. In a recent survey which is incomplete, 978 colleges and universities in the United States provided some statistical and descriptive data as to their facilities for physically handicapped students. In this number of colleges and universities there were 934 students in wheel chairs enrolled in 298 institutions of higher education, of which 115 such students were reported in a single institution. Of the institutions reporting, 680 did not enroll any seriously physically handicapped persons. The disabled in America ought to expect at least equal educational opportunities to choose and select a college in a land which brags of the fact that equality is a cornerstone of our democratic concept. Nondisabled students can go to and are accepted into 978 institutions of higher education; seriously disabled, into only 298 of them.

In this same survey 1136 blind students are enrolled in 499 colleges and universities from the total group of 978 institutions. This is a better picture, but it is not a good one--not one about which Americans can be really proud.

Let us look more specifically at the wheel chair students for a moment further. These are students with specific needs without a question. Their needs, like the blind, will involve mobility. Of the 978 institutions, 81 report having on-campus housing ramps. Of the 978 institutions, 133 report having classroom ramps. One hundred and five, about 10 per cent, report ramps to libraries. Of the 978 institutions, 266 indicate that they make available a reserved parking area for these students. One very special and very personal need of individuals in wheel chairs pertains to toilet facilities. Where are the toilet facilities in buildings in which you have your offices? How accessible are these to persons in wheel chairs. Of the institutions of higher education reporting, only 53 indicated the availability of modified toilet facilities for the physically disabled. Physical education is almost universally a requirement in institutions of higher education. Two hundred and thirty institutions reports a program of adapted physical education for the disabled.

Other points could have been made, but the basic one has been made, I believe. Are colleges and universities in 1965 providing those things which the physically disabled student has a right to expect in order to receive an equal opportunity for education? One wonders how many of the 499 institutions of higher education which serve some blind students have in their libraries a dictionary in braille, an

encyclopaedia in braille. I wonder how many of our own Syracuse faculty know whether or not this university possesses such resources and if so where they are in order to direct a blind student to them for important reference usage?

The disabled student has a right to expect that the tools for learning will be available to him in the college of his choice--a college which has accepted him in terms of ability and potential not on the basis of his disability and physical characteristics. The tools for learning for the disabled are modified toilet facilities for some, a braille library for another, a record listening room for another, an elevator key for another, ramps for many, parking facilities for a large group of others. The tools for learning in a total learning environment of a modern university are the recognition of dietary laws for some students, the provision of facilities for Mass and other religious observances for still others, the freedom to object for others, the adjustment of the total university facility to religious holidays for one religion or another. We think little of these. They are a part of our culture. How many dictionaries does a university purchase in a year? And what note is made of this purchase? The purchase of a single braille dictionary in the minds of many warrants complete publicity in all the community news media. This fascination with the unusual and unique creates an unequal climate of educational opportunity. Is this an expectancy which the disabled student has a right to find in the college of his choice?

The disabled student has the right to expect still another important thing in the college of his choice, namely, that he will find an attitude of acceptance and an attitude which permits equality of opportunity based on his ability and skills. I am not so naive as to think that the millennium has been achieved on this matter. University personnel--professors, administrators, deans of men and women, chaplains, secretaries, librarians, and others who make a university run--represent all the cultural stereotypes and attitudes which typify our social history. All the deep-seated Freudian-like fears of the blind which so characterize our culture also characterize the people who work in universities. The fears of the convulsion which blindly direct our legislatures also are a part of our faculty point of view. The negative connotation of the concept of disease is active in social attitudes. The lethargy of society in making its very nature a place for convenient living for the disabled also typifies university administration. It is essential, however, that a

constant effort toward greater understanding of a point of view be achieved within a university faculty which may serve only a single student who is disabled. Intellectual ability and professional reputation are not always synonymous with humaneness.

The physically disabled in this university or in any other has a right to be accepted for what he is: to fail, to be average, to excel. He must not be treated differently from other students because he is handicapped. The disabled student has a right to feel he will be considered from the point of view of whatsoever competence he has not on the basis of a medical classification.

Syracuse University graduated approximately 3000 students this last week. Within this group there were undoubtedly dozens who represented brilliant and unique achievements, who represented striving in the face of hardship beyond all comprehension. We made nothing of these students as individuals. They were not singled out in any special way. Perhaps they should have been, but in our great leveling society they were not. As it happened one of the students in the graduating class who earned his master's degree was blind. This young man has had an easy and personally enjoyable time here. I received four telephone calls--at ever increasing levels in the university heirarchy--asking me for a special news story on this young man. "Why?" I asked. "Because he is blind," I was told. "I shall be happy to write you a story about this young man in terms of his academic achievement, not as a blind person, but because he has achieved well in his graduate program." "No, we're not interested in that. We want a story about his blindness." "Did he come to Syracuse University because he was blind or because he thought we could give him an education? Was he admitted to Syracuse University because he was blind or because he met the minimum acceptance standards for the graduate school of eduation?" Let's extoll him as student of Syracuse or whatsoever college he has attended in terms of what he has produced, but not as a blind student. If we extoll <u>him</u> as a student, then <u>every</u> student should have an equal chance to be heard and praised for their oftentime far more heroic efforts to obtain a higher education. The disabled student has a right to be accepted as a student equal to others and not to be exploited by the institution after he has achieved.

I am sure that the person who developed the title of my address this evening did not conceive it in quite the point of view I am taking. I am sure that it was conceived to be "administrative expectancies" of the disabled students and

obligations of the disabled students. However, the disabled student cannot perform adequately in terms of our expectancies of him or in terms of his obligations to himself and society if the climate in which he attempts to perform is itself unable to meet his expectancies of it. As a university society, then, if we truly believe in providing a place wherein qualified persons can find themselves and prepare themselves to make a contribution to the culture, we must meet the disabled students expectancies regarding attitudes toward him, physical plant facilities, learning facilities, and provide these as we would provide for the individual differences of any student in terms of sex, chronological age, race, religion, color, emotional maturity,--indeed in terms of all aspects of the spectrum of human life. This concept must be an integral part of our social and political and educational philosophy. The maturity of our society over all will be reflected in the degree to which this is accomplished.

What then of the other side of the coin? There <u>are</u> obligations expected of the individual when he has been accepted into the fraternity of scholars. We expect a recognition of these obligations on the part of all students and we assume specific actions when they are not adequately met or recognized by the student. This group more than others who might represent university families understands the problem of student acceptance of obligations, whether they be academic, moral, religious. financial, or other. Society expects maturing and mature individuals to accept appropriate responsibilities and obligation This, too, is an expectancy which the college or university may assume the physically disabled student will assume. These are general and are recognized to the point of truism. However, there are some other obligations which the university or college can rightfully expect the disabled student to assume, not different perhaps from all students but different in degree

The university or college can expect the disabled student to accept the obligation of pursuing a rational and realistic course toward a rational and realistic goal in terms of whatsoever physical limitations there may be. We do not overlook the reality of disability. The university or society must provide the opportunities for diagnosis and counseling, for introspection and advise. Society has the right to expect that the individual will accept the obligation of realism too. It is my considered opinion that not all physically disabled persons should be admitted to universities or to professional schools The blind do not necessarily make good teachers of the blind. The handicapped should not all be encouraged to become counselors

of the handicapped. The fact of success of one disabled person in a given profession or trade should not become generalized to the total group of those similarly disabled. Furthermore there is the reality of the person who is so handicapped that no gainful occupation or profession can be found for him, yet he may be intellectually very capable. What of him and what is the university's obligation? What is the individual's obligation to himself? Just as we say that not all persons can or will be admitted to college, so it should be recognized that not all disabled individuals should go to college even if they are intellectually qualified. There is nothing more tragic than the over-trained, severely handicapped, unemployed person. How much better might it be to provide these students a broad program of liberal arts enrichment which would provide them direction in their sheltered life ahead. Do not they have an obligation to accept reality as does society? Do not their parents have a similar obligation? Social and individual maturity may bring this acceptance ultimately. In different degree this is not different from the obligation of the student who has had a tumor removed from his brain and is subsequently inadequate in gross and fine motor movements and who must change his college major from physical education to another area. It is not different from the obligation of the student with severe visual problems of nystagmus to turn from his first choice of architecture to an aspect of career planning not so dependent on close vision. It is not different in kind from the obligation of the student with grand mal seizures to turn from organic chemistry, for example, as a career to something which will not expose him and others to physical danger during the period of a seizure. It is not different in kind from the obligation of a student who is a severe cardiac to refrain from thinking about active aeronautics as a career and to accept a phase of this field wherein his limitations will not be a disability to himself or to others. The disabled student has the obligation of realistically accepting the fact that all wishes cannot be fulfilled, that all the goals they set in life cannot be reached, that some people whom they meet will prove to be unsympathetic, intolerant, uncongenial, others even dishonest, untrustworthy, undependable, and indecent; that we as human beings do not know everything, cannot solve all problems relating to ourselves, to society, to the world, the universe--to realize all this and yet remain interested, ambitious, energetic within the individual's limitations. This obligation is not different than for any individual; it is different only in degree. Yet it is an obligation which universities and colleges can expect that their disabled college students will and must accept.

While it can be expected by a disabled person that the university, the college, and the people in it, will go as far as they can in making it possible for the individual to receive a valuable experience, it is the obligation of the disabled individual to assume at least 51 per cent of this responsibility himself. A student with a severe visual impairment comes to me and says that she cannot take the mid-term examination without a reader, and will I provide her a reader. My answer is, "No, I will not provide you with a reader; you must provide this yourself. I will provide you with instruction in the best I can give. I will permit you more time if reading requires it. I will direct you to the best sources I can for your fullest education. You must assume responsibility for those things which you need in order to succeed in this instructional setting."

An agency concerned with the disabled has made the following statement regarding the employment of blind persons which if you paraphrase it can be applied equally to the university setting. This pertains to the obligations of the disabled. The agency ". . . is aware that sometimes employers or employing boards are not familiar with the performance of persons who happen to be blind. It is natural that these employers sometimes confuse the basic vocational capacities of blind persons with such other skills, as mobility, ability to keep current on literature pertinent to the vocation, ability to maintain records, etc." We point out ". . . emphatically that the performance of duties ancillary to the basic vocation is the direct concern of the blind person entering the vocation, and that in choosing any vocation as a career, a blind person must automatically assume the responsibility of working out techniques and adaptations that may be necessitated by his blindness. Self-assumption of this phase of responsibilities by a blind person will do much to help potential employers distinguish between the really basic competencies and those other skills that may loom so large to the uninitiated and may become an artifical but nonetheless very real barrier to employment. Further . . . we emphasize the fact that personal problems caused by lack of sight are strictly the concern of the blind individual and not to be imposed upon either the employer or colleagues." This puts the obligation squarely on the shoulders of the disabled where it belongs. Because I am bald I cannot expect someone to always bring me a hat to cover my head in the sun; I have to get it myself. Because I have sight in only one eye I cannot expect someone to drive me to and from work because depth perception is minimal; I have to learn other cues. Because I am blind or physically disabled in

other ways I cannot expect the university to provide a silver platter on which I will be then carried. As a disabled person, the student must assume and have an obligation for those special details which are inherent in his achievement. The university must provide the best possible working climate for the student; the student must meet the obligations of his disability in ways known only to himself. These must not be imposed by the student on the university; the university does a disservice when it accepts them. It is not the university's responsibility to provide a brailler for the blind unless typewriters are provided for every student. It is not the university's responsibility to provide a reader unless tutorial reading is provided to all students. These are obligations of the disabled and for the most part they are willingly accepted by the students.

Chancellor William P. Tolley of Syracuse University has often said that a university is a farm for growing people--a statement which the students oftentimes have almost literally buried in the ground from which they grew. As a place where young people can grow, mature, and find themselves, there is no more exciting place to be in our social arrangements. The goal of all thoughtful people in the university is to stimulate young people to learn at the maximum of their capacity. To this end, we ask that universities through their physical facilities and administrative arrangement provide an optimal setting for disabled students--a right the disabled student can expect; we then ask that the disabled student assume the responsibilities and obligations of both the student and the disability fully--a right the university can expect.

SUMMARY--PLENARY SESSIONS

Architectural Barriers and Development of Services for the Disabled Student

Timothy J. Nugent, Ph.D., Director
Rehabilitation Education Center
University of Illinois

Dr. Nugent presented a conceptual base for the Institute in his comments on "opportunities for all to live effectively through proper planning." Many social and psychological factors are implicit; and such components as faith in human potentials, inspiration, trustworthy citizenship, self-exploration, self-expression, self-administration, and self-realization are inherent.

Attitudinal barriers are many. Habits which are handicapping are built into the behavior of the disabled student "to suit the convenience of parents and the family." Medical care programs have progressed and treatment procedures are an actuality; yet common sense serves more or less as an enemy! The statistical significance of increasing swimming and automobile accidents looms large. Medically and clinically, society is ahead of the game in recognizing the problems of disabled persons. However, schools and communities are not ready and not realistically motivated to factor out what they could do and provide for the disabled. There remains a crucial need for educators and administrators to raise questions about "what the disabled student can do for the institution of higher learning and the community."

Progress in building standards is recent. Criteria for performance features are relatively new in all states. Academic institutions are being compelled to look at dwellings that house students and at the renovation of buildings to be used by the disabled. These trends are also beneficial to the able-bodied.

Society has not faced up to the fact that preparation for "risk" is essential for living in the world and buildings on campuses must be prepared for wider and more use today. Medical and psychometric studies support the premise that

locomotive problems are a fact for the sighted and aged. Mobility difficulties exist for the stroke and cardiac patient. Therefore, because these conditions are increasing, objective terms are important in defining disabilities and handicaps.

Dr. Nugent offered a challenge in his comment "where there is a problem there is absence of an idea." He amplified this in his graphic presentation of design concepts and displays of new and renovated structures at the University of Illinois and the adjoining community. His impressive slide illustrations demonstrated remodeled churches and community buildings with ramps, hand rails and living facilities. He highlighted basic research and the significance of the American standards as guidelines in creative, imaginative architectural planning for institutions of higher learning.

Trends in Higher Education and the Disabled Student

Herbert Rusalem, Ph.D.
Associate Professor, Hunter College

Dr. Rusalem presented provocative trends and their significance for higher education pointing out that minority groups, which include disabled students, are realities of the present social environment. Special education has been the customary environment for disabled invididuals on the elementary level. However, with the complexity of living, they have to have prosthetic behavior supports because they are not able to reconstruct the environment. Of far reaching significance is the fact that rehabilitation concepts are seeping into the curriculum, thus providing stimulation in meeting the needs of all students. Dr. Rusalem highlighted seven trends in higher education.

1. Vast Expansion in Physical Facilities: Building and construction programs provide special features to eliminate architectural barriers. In all probability, five to fifteen per cent of the entire student body in higher education will require special consideration in the near future.

2. Separation of Students From Teachers: Special Education tends to close faculty-student relationships and therefore positive independent behavior is reinforced. Undergraduate faculty is not closely related to the student body, due to the introduction of mechanical teaching, and there is less student-faculty interaction. More and more, student counseling personnel has to intervene and close this gap.

3. Undergraduate Education for the Culturally Disadvantaged Individual: This rules out the significance of the record as an assessment tool and thus the probability of predictive aspects of failure is decreased. Flexible standards become essential with special attention to handicapped students not ready for college. What can be introduced and built into the college environment to help such students? Remedial work, the tendency to discern limitations of disabled students rather than assets, and what disadvantaged students can do if given the opportunity, point toward adjustive rehabilitation. The

trend is toward accepting the disadvantaged student more so than merely tolerating him.

4. Expansion of Student Personnel Work: Adequate student personnel services are a reflection of an institution. Such services indicate planning for acceptance of the student and provision of counselors who assume responsibility for advising the disabled student.

5. Independent Study: An environment conducive to learning pursuits is essential in institutions of higher education. Communication, through correspondence, television, home and telephone learning, has to be instituted as attendance in classes becomes less possible for the student.

6. Community College Development: Progress in this area may bridge the gap for college life and become a starting point for engagement in four years of education in colleges and universities.

7. Changing Philosophy of College Education for the Elite: As more youth attend college, educating the disabled student in institutions of higher learning will become more acceptable. The level of general education is on the upgrade for all groups; medical knowledge has increased the life span; and special education of atypical children accepted as an aspect of individualization can make a real contribution to higher education.

Medical Aspects of the Disabled Student

Leo Jivoff, M.D.
Director, Rehabilitation Center
Associate Professor, College of Medicine
Upstate Medical Center

It was pointed out by Dr. Jivoff that certain medical knowledge would enable the counseling person to function more effectively and intelligently in his professional role if he knew more about the medical problems and the management of functional disorders of disabled students. Common disorders frequently are most severe. Cerebral palsy, paraplegia, and blindness produce alterations in function. The question as to degree and level of function has to be considered, and even when this is determined, flexibility of the "human spirit" must be considered.

Medical management of all forms of cardiac disease is similar since the heart reveals functional impairment in a limited number of ways. There are few types of medication applicable to heart disease and, frequently, the cardiac patient knows his own limitations and stays within them. Few cardiac individuals, even those with severe disorders, are reduced to permanent inactivity. Thus, it is necessary to ascertain the extent of impairment in each cardiac individual. In general, once a patient is over an acute phase of his illness and is on a reasonable maintenance program of therapy or under observation, knowledge of his activity status in regard to his daily life and his occupation is helpful.

A graded program of activity can be permitted over an individually determined period, in order to observe the cardiac patient's tolerance. Sometimes, this is determined in ward classification sessions, but more often it is the task of the individual physician or a hospital clinical staff person. When the patient can resume his occupation and "normal" activities without distress, he is advised to avoid excessive strain. Unless his previous activities are desirable, efforts should be made with his family, school teachers, or employer to provide modifications or even changes in his job or activities and provide assistance at home if this is indicated. Community agencies are available to aid in planning these services for a

cardiac person.

As to diabetes, caused by relative or absolute deficiency of hormone insulin, the major manifestations include increased food consumption, increased thirst and drinking, increased urine, loss of weight, weakness, fatigue, and itching. The two general clinical types of diabetes are viewed as the maturity onset and the juvenile onset types. Diabetes of the juvenile type is characterized by a rapid onset of diabetic symptoms in the first or the second decades of life; and there is a strong tendency to develop acidosis with patients becoming sensitive to the effects of administering insulin.

The most important aspects of treatment are concerned with diet, insulin, and hypoglycemic agents. In addition to diet, drugs, and insulin, education of the diabetic patient is an essential part of his therapeutic program. Patients must be taught to give themselves insulin injections, to understand the principles of diet therapy, and to learn how to test their urine for sugar. They must know how to modify insulin dosage appropriately in the face of varying degrees of glycosuria. They must be particularly aware of infections and injuries as these may lead to disastrous results when there are poor controls. Although a chronic disease, diabetics can manage and control the disease.

Disorders of the spinal cord were mentioned indicating that the central nervous system is subject to a variety of disorders. Multiple sclerosis, one of the most frequent degenerative neurological diseases, usually has its onset between the ages of 20 and 40 years. The cause is unknown and spastic weakness of the lower extremities is one of the more common manifestations. The prognosis is good for a considerable number of patients. However, because of the progressive nature of multiple sclerosis, partial disability usually results. Trauma to the spinal cord or injury may be categorized as concussion, laceration, puncture, and the results are penetrating wounds, dislocations, or even fractures. Not infrequently the injury results from automobile accidents, diving into a shallow body of water, or striking the head against some object. The impact of force upward and a sudden violent flexion of the lower back can prove damaging. The degree of motor and sensory loss depends upon the level of injury to the spinal cord and the extent of damage at that level.

In the rehabilitation of individuals with spinal disorders, it is essentially treatment of symptoms and signs. The regeneration

of spinal cord neuro elements is virtually nonexistent in the confines of current medical knowledge. An important consideration in planning a therapeutic program is the nature of the pathology in terms of its progressive, static, or possible subjection to remission.

Post polio cases are known to many campuses. Prolonged immobilization, bone demineralization, bladder dysfunction, characterized by urinary retention, relate to depressed abdominal and diaphragmatic muscle difficulties. The paralysis indicates that there is weakness of isolated muscles and individual limbs. Sensory involvement is minimum. Certain muscle groups such as the shoulder, thumb, ankles, and hip are more frequently involved than other areas.

For the quadriplegia and paraplegia, given a well motivated individual, knowledge of the level of cord involvement permits the prediction of good functional potential in the absence of complications. The quadriplegic patient will always require some attendant care. Although the majority are homebound, a significant number especially those with low cervico levels, will be able to function outside of the home if private transportation is available. A few achieve ambulatory skills, but because of the energy requirements and limited respiratory reserve, ambulation contributes little to their functional ability.

In regard to the adjustment of visual disabilities, blindness itself does not produce maladjustment although it introduces sizable problems of practical living in such areas as mobility, eating, and personal care. Along with sensory handicap, the blind person falls heir to problems involving the attitudes of others which can be overwhelming. Besides cognitive limitations, there is the problem of getting around; and the white cane and seeing eye dog are symbols of blindness highlighting travel problems. Cognition and mobility problems are real for the blind student and cannot be overlooked. However, a significant aspect of counseling deals with emotional problems which touch on sensitivity and an understanding that a blind student can make an adjustment to a campus. Resolution of his problems makes the difference between fully functioning, independent living and one marked by isolation and dependency.

WORKSHOP SESSIONS

Student Personnel Administrators

Discussion Leaders
Marjorie C. Smith, Dean of Women
Syracuse University
Jim G. Carleton, Dean of Men
Syracuse University

Areas discussed by this group were counseling, uses of medical data, uses of resources in the academic community, admissions standards, and problems of transportation. The importance of realism in the counseling situation and the need to assist the disabled student in achieving a realistic understanding of his vocational possibilities and limitations were stressed.

There was emphatic agreement on the necessity of acquainting the disabled student with the facts of his situation prior to admission as well as during the counseling experiences on the campus. This approach helps the student to accept his responsibility for his own academic and vocational involvement. It was indicative that higher education was viewed by the discussion participants as a "right" and not a "privilege" and that realistic counseling can prevent frustrating secondary school and college experiences.

It was agreed that some students with less impairment appeared to be the most problematic. Dr. Nugent commented that the more nearly "normal" a student was, the more difficulties counselors might have in working with him. When such students are unwilling to accept a disability their attitudes and emotions may need more attention than their disability.

There was some consideration of how to permit disabled students to pursue difficult vocational goals and it was generally agreed that in such situations it was best to confront these students with objective facts rather than to accept unreasonable goals through sympathy. If a student persists and seeks a goal considered unrealistic and if he assumes responsibility for the consequences entailed, he can be encouraged to proceed. However, the need for a continuous re-evaluation of the feasibility of vocational goals throughout

the disabled student's college career is essential.

The role of the institution in initiating the counseling process with the "somewhat reluctant" students was considered. There was some agreement that the students should not be "dragged" into the counseling situation, and that individual procedures for involving such students need to be structured by each counselor as the cases warrant. Inasmuch as possible, contacts with counselors should occur in a natural fashion. Different counseling approaches toward vocational preparation were noted and it was recognized that state rehabilitation agencies tend to emphasize the establishment and maintenance of a specific set of vocational goals for the student whereas college and university staffs emphasize success in a well-rounded educational experience with less concern for ultimate vocational placement.

The confidential nature of medical data and its utilization was reviewed. It was the consensus that a university could not enter into "a conspiracy of secrecy" regarding a disability. Academic officials should require that disabled students be informed of their condition prior to college admission even if parents prefer otherwise. It seemed advisable to have such information imparted to the student by a family member or a physician rather than by college staff.

Problems are likely to occur when students fail to indicate on their admission applications that they are disabled. Difficulties faced by admissions officers were elaborated upon, especially those arising when secondary school guidance counselors submit confidential information about a student's disabilities without indicating the degree of the student's knowledge and acceptance of his disability. Within an institution, medical information will need to be known by the health services, and often by those responsible for residence halls and class scheduling.

The role of public and private universities as resources in working with disabled students was discussed. It was pointed out that funds are available for both types of institutions to provide services, and public institutions of higher learning have no particular advantage over private ones. There was some expression that the programs for the disabled students should be centralized regionally, as they are in Missouri and Illinois, rather than dispersing scarce resources among numerous public and private institutions. The role of relatively small

private and public institutions in the rehabilitation area was not clear; and it was acknowledged that their staff and faculty resources are often very limited. The opinion was expressed that students with locomotive disabilities could be better served by a concentration of rehabilitation efforts and facilities in a few large institutions.

The associated issue of regional organization was reviewed and it was suggested that certain benefits could be derived by training people on a regional level rather than having each individual university recruit and train its own staff to work with disabled students.

Various types of admissions standards were considered and the consensus appeared to be that the usual criteria used for undergraduate student admissions seldom were reliable indicators of academic success for disabled students. High school grades were considered a dubious standard because of the rather common tendency of teachers to favor the disabled student. Reading tests were also viewed as inadequate because disabled students sometimes developed a compensatory excellence in reading but might not be able to make the necessary adjustments required after entering college. Dr. Nugent reported that the Rehabilitation Educational Center at the University of Illinois had developed examinations for a pre-admission evaluation of the disabled applicant. Special devices for disabled students were discussed and it was agreed that faculty are traditionally cooperative in making special arrangements for examinations, note-taking, laboratory work, etc.

The problems of transporting disabled students from one part of the campus to another highlighted the desirability of bus services on large campuses. Dr. Nugent described the special buses provided for disabled students at the University of Illinois. Although such a service was deemed impractical for some campuses, where financially possible, it seemed to be of value in program scheduling and making a wide variety of campus experiences available to disabled students.

A genuine concern for the disabled student as an individual and a sincere desire to search for the most adequate means to meet and serve his purposes was felt to be essential. It was agreed that disabled students in general required more time and special attention from personnel services staffs than the non-disabled. The extra attention seems warranted if the disabled becomes a socially useful person and is enabled to have an enriching, enhancing, and self-realizing educational experience.

Housing Officers and Campus Planners

Discussion Leader
James V. LaTorre
Assistant to the Vice-President
for Research and Administration
Syracuse University

This group's agenda included a presentation of research projects and general discussion about the integration of special facilities in new and old buildings, transportation for the disabled person, finances for his education and related areas.

The experiences of a quadriplegic graduate student* were shared in terms of campus grounds, buildings, and classrooms. Accessibility to buildings posed a major problem to him. Curbing, steps leading to buildings, manhole covers, discontinuous paving, weather conditions such as hard packed ice, snow and slush, and vehicle accessability were related as typical problems to be expected by any student confined to a wheel chair.

Some or all buildings on most campuses needed to be altered in order to accommodate a wheel chair student although class scheduling can often avoid the need to use the least accessible facilities. In some cases as with buildings with laboratories, rescheduling of classes is no answer and alteration must occur or the student must be excluded from certain majors. In many existing buildings there is limited hall space and waiting between classes in a wheel chair when hallways have considerable traffic can prove hazardous. Doors to buildings, entrances, and exits should have locks and handles and should be hinged to facilitate easy opening for a wheel chair student. The optimum situation seems to be a level or gently-ramped entrance with an elevator (with reachable elevator buttons) allowing access to all floors.

In general university classrooms have adequate facilities for students. Sloping lecture halls, however, need level

*The student has compiled 5 years of study at Syracuse University.

areas for wheel chairs. A school-to-home telephone system seems essential for occasions when a wheel chair student is temporarily unable to attend campus classes. It was agreed that long-term use of an arrangement deprived disabled students of valuable day to day college experiences.

Course content for the physically handicapped individual was discussed as were physical education programs. At Syracuse University, the Physical Education Department offers a physical education program for the disabled. The objectives of this program for the disabled student are the same as those for other students. The physical education instructors are interested in the ability rather than the disability of a student. A major problem encountered is the amount of time needed for individual use of physical education facilities. Much more time seems to be necessary for disabled students.

Educational television, and its use in teaching the disabled student, was mentioned. Studies have been made at the University of Illinois on how residence hall rooms are used for educational television classes. Visual aid systems exist in some institutions where students can direct questions to instructors in a remote location but as with the telephone system, student-faculty interaction suffers and the student's experience and chance for expression is lessened.

The architectural profession is becoming more knowledgeable about the building needs of the handicapped person. Buildings have been designed with special facilities for students with disabilities. The publications of the United States Department of Health, Education, and Welfare, and established architect professional organizations have contributed to such enlightenment. Design standards are being established for institutions of higher learning. These do not represent any pure basic research, but merely serve as an interim guide which can be kept in mind by designers.

Members of the discussion group reported on activity in behalf of the handicapped at their institutions. Dr. Alfred Cohen described Hofstra University, its outlook, interest in and concern for the handicapped. This institution has only disabled students who commute, (although dormitory facilities will be provided in 1966). Hofstra does not have a formal rehabilitation program and disabled students who attend have to make individual arrangement for transportation to, on, and from the campus. In the main, handicapped students at Hofstra have succeeded and display a sufficient variety of personalities

and abilities so that they are generally not viewed as a special group. Hofstra has studied hydraulic and electric wheel chair lifts. The lifts, starting from ground level, travel slowly on rails, have low buttons, take up about 25 square feet of area, and prove to be safe.

At the University of Illinois, students with disabilities are grouped, e.g. those with least disability requiring no programming or liability, those who are handicapped with therapy and programming being essential, and blind and/or deaf students. Approximately, 1,000 students are annually processed through Dr. Nugent's office. About 300 students require regular services and attention. Syracuse University has 69 seriously handicapped students with various disabilities including quadriplegia, paraplegia, blindness, and deafness. Most are sponsored by the State Division of Vocational Rehabilitation. The terrain and climatic conditions of Upstate New York are found to present certain problems in greater degree.

There seems to be no special source of funds available to modify buildings for the handicapped. Although there are funds for demonstration, the cost for providing special facilities in new buildings and renovating older structures must be borne by the institution. At Hofstra College, a demonstration grant was used to design and build elevators, produce a sound color film, and prepare a final report of findings. Even if special funds were available, to would be difficult for some academic institutions to admit students with locomotion disabilities for topological reasons. Weather continues to be a factor though less so in campuses with interconnecting buildings.

Regarding access to campus buildings, a ramp was viewed as practical as stairs in getting in and out of buildings for all persons. An adequate ramp was defined as one which has a one foot rise in 12 feet. It was recommended that anything steeper than one foot in 15 feet should have a handrail. It was noted parenthetically, and with some humor, that the National Park Service considered anything more rapid than a one foot rise in 5 feet to be a "wilderness path." Poorly designed ramps are an accident hazard, especially to the nonhandicapped.

In New York State, all new state dormitories and public buildings must have facilities for wheel chairs. Richard Jacques of the New York State University Construction Fund expressed the opinion that if a campus is designed to ease

maintenance problems, provisions for wheel chairs will be taken care of automatically. Performance criteria for planning facilities for the handicapped was elaborated on by representatives of the State University Construction Fund. Dr. Nugent explored these criteria and indicated that they could become valuable in campus planning. The performance criteria will be published and will be available for distribution by the State University Construction Fund.

There seems to be a trend toward connecting campus buildings although suburban universities still tend to spread out separate facilities. The State University at Albany uses surface level connections between its new buildings. Increasing enrollment in universities and pressures for more efficient land use may continue the "add-on" trend and increase connecting facilities. For the disabled student, a single building offers an ideal situation.

Architectural planning should take into consideration future educational television and classroom use of dormitories. Types of light switches, accessibility from a wheel chair, furniture design, closet accessibility, etc. require exploration if one is to provide residence facilities equally usable by the handicapped and nonhandicapped. The high cost of establishing special facilities and services for the disabled may discourage some institutions from establishing programs and facilities. At the same time, creating more facilities and services than were essential, may waste institutional funds and be detrimental to the disabled person who should be given an adequate opportunity to deal with realistic problems that he is competent to handle. In the area of architectural modification, it was generally felt that facilities should be designed on the assumption that the disabled person would become more independent in functioning and therefore, less conspicuous in the institution. Architectural planning should enable the disabled student to perform on his own.

Medical Officers

Discussion Leaders
Frederick N. Marty, M.D., Director
Student Health Service, Syracuse University
Leo Jivoff, M.D. Director
Rehabilitation Center of the
State University Hospital
Associate Professor
Upstate Medical Center at Syracuse

This group discussed medical aspects of disabilities and toured the facilities of the Rehabilitation Center of the State University Hospital.

Distinctions were made between the permanently disabled student and the student temporarily disabled. In essence, the two seemed to have much in common and were similar. The temporarily disabled student had a right to continue his education uninterrupted and, so did the permanently disabled student. Historically, institutions have refrained from accepting the permanently disabled student as a resident student. The common attitude has been that too much custodial care is needed, at least in the cases of severe disability.

The question of emotional disturbance in disabled students was raised and it was noted that many have serious emotional problems of varying kinds and degrees. Periods of depression and emotional upheaval were discussed; and it was pointed out that a positive and realistic approach to the disabled person's responses would prove helpful even though the student might undergo periods of depression. The problem of defining the term disability was focused upon, and it was conceded that a disability need not be a handicap, but frequently was considered one.

Dr. Jivoff gave a brief history of the development of the Rehabilitation Center in Syracuse which stemmed from an original grant and grew into a University sponsored unit. It was pointed out that the Center would complete its move to entirely new facilities in the State University Hospital by July, 1965.

A tour of the Rehabilitation Center began with observational experiences on the physical-restorative services unit. The Center handles many types of disabilities other than motor disability. There are programs for paraplegics, the blind, diabetics, cardiac patients, and others.

The equipment in the hydrotherapy room was demonstrated and explained. Good skin hygiene, as provided by the baths, provides an excellent preventative for skin infections for many patients in addition to muscle therapy.

The general treatment room revealed a variety of equipment. Frames, several types of electro-x-ray treatment machines, equipment for the reinforcing of mobility, and numerous other items were demonstrated. Two patients, both paraplegics, demonstrated their methods of using crutches. Their cases were briefly discussed and the achievement through rehabilitation efforts pointed out by Dr. Jivoff.

A peripatologist demonstrated the teaching of a blind person to use the Hoover cane. Two methods were demonstrated.

The "pre-college" program for blind students was described. Sixteen high school students in New York State who are legally blind and are scheduled to enter institutions of higher learning were brought to the Rehabilitation Center during the summer session. They engaged in a program geared to preparing them for the problems they will face in college. In addition to meeting problems of mobility and socialization they take a three-credit course at Syracuse University. Because most of these students are new to the Syracuse community, the University community cooperates to make the program a meaningful summer of preparation for college at other institutions. The program may be expanded to include currently enrolled blind college students who have experienced difficulties at their colleges.

Wheel chairs were demonstrated and it was concluded a wheel chair must be prescribed on an individual basis. In the sections of the Center devoted to patients with permanent disabilities, it was noted that these patients have their own lounge and workshops where the chief function is to determine the patients' functional work abilities and prepare them for active involvement upon return to the community.

In the daily living section, a variety of functions, which a disabled or handicapped person would have to undertake

in a day, were illustrated. There were floors to mop, beds to make, food to cook, and all types of cleaning and household chores one would encounter in day-to-day involvements. The purpose was to provide the disabled person with an opportunity to learn how to perform those tasks he or she wishes to perform.

The Vocational Evaluation Center was visited and the program described. By means of professional examinations and interdisciplinary conferences, levels of ability of patients are evaluated. The vocational and/or academic potentials of the patient are explored. After an assessment, a program for the individual is arrived at and charted. This may include training at the Rehabilitation Center or elsewhere in the community. Special machinery is available in the Center where the patient can learn a new skill.

The shop where upper extremity braces are made was visited. It was pointed out that commercial manufacturers are hesitant to make upper extremity braces because the equipment has to be subjected to an individualized process. The need for training in the use of equipment is often beyond a manufacturer's time, skill, and budget. Thus, the Center operates its own special services. Another section of the Center is concerned primarily with occupational therapy. Not all patients with exceptional ability are able to overcome environmental or emotional handicaps; ability alone is no guarantee of success in adjustment.

The discussion group concluded that institutions must be flexible in methods of handling and dealing with the variety and types of disabilities. In general, it seems necessary for institutional staffs to effect a massive coordination of health officers, personnel officers, counselors, architects, and others involved with the disabled students; and the coordination should reflect a central, stated philosophy. Because it is the health officer who most often deals with the population of disabled students, his attitude and knowledgeability is central to the determination of University policy.

University Counselors

Discussion Leaders
Julius S. Cohen, Ed.D., Associate Professor
Coordinator, Rehabilitation Counselor Training Program
Syracuse University
Betty Cosby, Ph.D., Director
Graduate Program in Student Personnel Work
in Higher Education
Syracuse University

This group included rehabilitation counselors, social workers, and college counselors. The initial discussion centered upon the environment in institutions of higher education conducive to qualified disabled persons having an opportunity to achieve their potentials. Throughout the discussions the need for college administrators to investigate conditions that would create an environment favorable to the disabled students' learning was viewed as crucial. Universities need to become more familiar with the possibilities that enable the disabled individual to engage in meaningful college endeavors.

In working with disabled students, the attitudes and reactions of administrators, faculty, staff, and the student body are crucial. College admissions personnel tend to have built-in reservations about disabled individuals being able to adjust to a collegiate environment. Moreover, an attitude prevails that the disabled student is not emotionally ready for college. Personnel responsible for admissions needed to be convinced that the disabled student can make an adequate functioning adjustment to the institutions of higher learning.

Some institutions hesitate to admit the disabled student because of inadequate physical facilities. This problem needs to be alleviated in campus development. It behooves institutions to plan physical environments that do not restrict the disabled students since they are likely to be a significant portion of any campus population.

The admissions process should include a careful scrutiny of disabled applicants' high school credentials. The most

highly qualified disabled students should be sought out for college admission. By selecting such individuals a positive image of disabled students may be developed on campuses which have not known them previously.

Faculty and staff members frequently lack a positive attitude toward disabled students and may react negatively when they encounter them. The development of an attitude of acceptance on the part of faculty and staff rather than mere tolerance should be a goal. The faculty and staff need information on how to react to the disabled student and the problems peculiar to him. In educating faculty and staff, one possibility is to hire disabled staff members and another is to expose faculty and staff to potentially promising disabled students. Faculty members who are receptive to the needs of the disabled student can be used to stimulate interest and acceptance on the part of less receptive staff persons. In many instances, the creation of a positive image of the disabled student and his acceptance on the campus is needed.

It seems important to inform the student body about disabled students in their midst. Initially, college peer groups devote a great deal of attention to the disabled student with a tendency to overidentify with and overaccept the disabled student. However, this response tends to diminish to the point where the disabled student may be completely ignored. Certain disabled students may display dependent, demanding attitudes, and expect assistance from other students while on campus. It was also noted that in certain cases some disabled students, especially blind students, reject the assistance of their college peers. It was recognized that the administration, faculty, staff, and the student body need to know more about disabled students.

In developing a program to meet the needs of the physically disabled, it was noted that every institution is unique. Consequently, the nature of the problems of the disabled student on a specific campus will dictate the kind of programs that should be structured to meet his needs. Exposure to a variety of ideas regarding program and methods should prove helpful in planning; but, in the final analysis, each institution has its own peculiar problems and should design and tailor its program accordingly.

In dealing with the disabled student, one method that proves effective in facilitating his adjustment is a pre-orientation program. This should be done first at the secondary

school levels and should involve the family of the disabled person. Campus, classroom, and schedule orientation should follow.

A primary responsibility of a personnel counselor is to enable the disabled student to become self-reliant and independent. If special arrangements are required, the disabled student should take the initiative to request such arrangements. The disabled student should also assume responsibility for acquainting faculty and staff members about his limitations if his functioning is hampered. Counselors should invite requests for assistance from disabled students. Special arrangements may be essential for taking examinations in written or oral form. In addition, readers may be necessary and arrangements for proctors and library services may need to be handled by counselors.

The admissions and placement policies pertaining to physically disabled students at the University of Illinois were shared with the group. The candidate for admission is requested to indicate on his application blank whether or not he or she has a physical disability or a history of mental illness. If the answer is in the affirmative, he and his parents are required to visit the University of Illinois Rehabilitation Education Center for a pre-admissions interview. The University Counseling Center will generally admit an applicant who is severely disabled but has realistic vocational goals and positive academic motivation and is physically strong. On the other hand, an applicant with comparable academic and physical disabilities may not be admitted. Under such circumstances, the person is not permanently denied acceptance, but rather admission is deferred until the individual has learned functional skills essential to make an adequate adaptation to the collegiate environment. Once admitted, the new student can pursue any curriculum that is practical and feasible for a person with the particular disability in question. The University Counseling Center attempts to make the individual aware of his assets and limitations and a program of study is planned accordingly. Individuals with disabilities are admitted until the University quota is filled. At the University of Illinois, there is no special placement for students who have a disability. Students follow the normal placement procedures. Placement considerations begin at the initial admission interview. Counselors inform students about the possibilities of job placements during interviews, and there is a follow-up procedure.

Each year the Rehabilitation Education Center at the University of Illinois conducts a survey of previous studen s. An attempt is made to obtain information on disabled students who have attended the University. This information is used as a basis for assessing, evaluating, and improving the program. It was recognized that more research is needed in the area of the disturbed as well as the disabled college student on campuses.

Although there was agreement among the discussants on the need to provide an oppo tunity for qualified disabled students to obtain a c llege education, there was not universal agreement that a college should have a program for the rehabilitation of disabled persons. It was realized that the academic community is a vigorous one maintaining an atmosphere of competition whi h can be used advantageously by the disabled student. Academic success often enables disabled students to gain conf dence.

The existing acad mic counseling services on the campus should handle the advisement of the disabled students, if possible, because problems o adaptation and adjustment are not unique to them and are similar to the problems of able-bodied students. However, in assessing the academic success of the disabled student, counselors should examine such factors as sympathy grades, the validity of standardized tests, the appropriateness of the norms, and the effect of the perceptions of others and how these are reflected back to the disabled student. Counselors have the responsibility to make recommendations to the faculty and administ ative personnel regarding testing procedures and interpretation and to offer assistance in the testing procedures where disabled students are concerned. Blind students may require special consideration for course reading, and minor modification of testing facilities may be essential for wheel chair students in order for them to work comfortably at a table or on a wheel chair board which can accommodate testing materials.

The admission of the disabled student to institutions of higher learning should be handled on an individual basis and, in the admission decision, the focus should be on the functioning ability rather than the disability itself. Some institutions have moved toward pre-registration for the disabled

student, and others have used enrollment by mail. Early registration has advantages in that it could be arranged to avoid crowds, long periods of waiting, and overexertion for the disabled student. In college settings where there are rehabilitation coordinators, effective communications and working relationships with counselors, student personnel and admissions officers were deemed essential in order to enhance the educational experiences of the disabled student.

SUMMARY

"Town and gown" isolation was mentioned by the Institute members frequently reviewing the resources in academic settings for educating disabled students. There is need to prepare the disabled student for living in the "real" community, and insulation is to be avoided by academic groups. Federal and state Vocational Rehabilitation Administration programs, including counseling and vocational and financial planning are available to institutions of higher learning. However, these are not to be conceived of as scholarship features, but services for the disabled student and the institution at the undergraduate and graduate level. Such services are not awarded on the basis of abilities, but in order to further counseling and advisement as well as contracting for services. In addition, the VRA offers direct support to institutes and workshops to disseminate knowledge about the programs for disabled persons.

Academic counselors should become more attuned to the job situation, the labor market, vocational planning, and civil service requirements. Research is imperative to factor out discrimination against patients and to increase knowledge about manpower shortages.

There was further elaboration by John Cummings, State Director, Division of Vocational Rehabilitation on the resources at the state level; and by Anthony DeSimone, VRA Associate Regional Representative, who highlighted the creative devices and new imaginative programs carried out in academic settings. Developmental tapes, demonstrating counseling services to different disability groups, instructional devices, audiovisual aids, and films illustrating what disabled persons needed to know and to do, were cited as innovations. Projects, simulating curriculum designs, case aide training, and volunteer services offered wide possibilities for long range VRA grants to institutions of higher education.

The final plenary session centered on the lags in institutional planning for disabled students, with the following comments.

1. Rights and privileges of the disabled student to pursue higher education and the inherent responsibilities of the academic setting were not clear. There is need for the educator to disabuse himself of the idea that specified qualifications for an education are sufficient. Semantics and philosophy are involved in the rights and privileges argument. Rights does infer an opportunity for an education; but rights needs to be clarified for both students and faculty because privileges are still the connotation implied by institutions of higher learning.

2. Medical areas pose problems because disability is so difficult to define. There remains the ambiguous distinction between disability and handicap.

3. Attitudinal changes toward disabled students on campuses suggest two approaches, namely, enabling faculty to come in contact with more disabled students and involving faculty who are disabled in the counseling process.

4. Mental health problems loom in the population at large and emotionally disturbed students on campuses reflect this. There is sophisticated research available on mental retardation; but how much is applied research is not known. Information on mental disorders and the prevalence on campuses is lacking.

5. Comprehensive research should entail who the disabled are, more about nonvisible disabilities, how programming is affected; and what influence peer groups have on the disabled student's adjustment. On the scene investigation would be valuable on campuses for comparison purposes.

6. Institutions of higher learning should provide for disabled students through proper planning of physical facilities. This necessitates viewing extra-mural as well as intra-mural features of campuses and buildings including the structure, accessibility, lifts, ramps, elevators, and plans to maintain security. Films on standards of architecture and physical facilities have been produced by the National Association of Crippled Children and are available for showing at institutions and to groups.

7. In scheduling programs for disabled students, a reevaluation of physical education requirements is essential. The practice of excusing disabled students from physical education, permission to eliminate this aspect of the education,

giving attention to the capabilities movement, and functioning, and the pressures involved for the disabled student, requires review. Physical education personnel is attuned to the recreational needs of the disabled student but the preparation of physical education instructors should be reinforced with medical content about disabilities.

8. Fewer disabled students are attending or being admitted to institutions of higher learning. This situation points to a need to improve campus services for disabled students and a need to push for their recruitment.

9. Efforts should be made to ascertain the campus personnel excluding the disabled student and to relay appropriate information to this group. Appeals on behalf of disabled students should go to policy making and administrative officials, health service staff, chairman of admissions, and academic deans. Much could be accomplished at the decision making level if concerted endeavors are made.

10. The institutional milieu is important in addition to the college peer groups and faculty in educating the disabled student. Two aspects important to consider are the institution which involves itself and makes a commitment by providing services for the disabled student, and the institution which identifies the realm of feasibility for educating the disabled student in its setting.

11. There are tools at the disposal of institutions of higher learning basic to the growth and development of students generally. The transmittal letters, the use made of them, and the persons who received them, needs scrutiny. The diagnosis of the medical condition is not the important thing to emphasize in communications as are the degree of impairment, the limitations of functioning, and how these factors affect educational potentials. What an institution could add to enrich the educational experiences of the disabled student depends upon the perception formed of his functioning capacity.

12. People, plans, and accessibility are valuable in planning educational experiences for students generally. Faculty should reflect upon the emotional reaction of disabled students to their disability because it has an impact upon teaching. The interpersonal relationship between faculty and student is

of primary importance, and moreso for a disabled student.

It was unanimously recommended by the Institute participants that a written report be prepared and shared with institutions of higher learning, primarily administrators at the policy and decision making levels including academic deans and personnel connected with the admissions and selection process of campuses.

APPENDIX

A. PROGRAM

Wednesday, June 16

8:30-9:00 a.m. Registration

9:00 a.m.-12:30 p.m. General Session

Presiding: Dean Gladys VanBenschoten
School of Nursing,
Syracuse University

Welcome: Dr. Clark D. Ahlberg,
Vice President for
Administration and Research,
Syracuse University

Architectural Barriers and Development of Services for the Disabled Student
Dr. Timothy J. Nugent,
Director,
Rehabilitation Education
Center, University of Illinois

Admissions and Counseling the Disabled Student
Dr. Timothy Gust,
Assistant Director,
University Testing and
Counseling Service,
University of Missouri

12:30-2:00 p.m. Lunch

2:00-4:30 p.m. Discussion Groups

I Student Personnel Administrators
Discussion Leaders:
Marjorie C. Smith,
Dean of Women
Jim G. Carleton,
Dean of Men
Syracuse University

II Staff Responsible for Housing & Campus Planning
Discussion Leaders:
D. Kenneth Sargent, Dean, School of Architecture, S.U.
James V. LaTorre, Ass't. to V.P. for Research and Admin., S.U.

III Medical Officers
Discussion Leaders:
Frederick N. Marty, M.D., Director, Student Health Services, S.U.
Leo Jivoff, M.D., Director, The Rehabilitation Center, Associate Professor, Upstate Medical Center

IV University Counselors
Discussion Leaders:
Dr. Julius Cohen, and Dr. Betty Cosby, Syracuse University

5:30-6:30 p.m. Social Hour

6:30-8:00 p.m. Dinner
Presiding: Dr. Betty Cosby, Director, Graduate Program, Student Personnel

Obligations and Expectations of the Disabled Person in the Educative Process
Dr. William M. Cruickshank, Director, Division of Special Education and Rehabilitation and Dean, Division of Summer Sessions, Syracuse University

Thursday, June 17

9:00-10:30 a.m. Discussion Group Sessions

10:30 a.m.-12:30 p.m. General Session
Presiding: Dr. Frederick N. Marty

Medical Aspects of the Disabled Student
Dr. Leo Jivoff

12:30-2:00 p.m. Lunch

2:00- 5:00 p.m. Discussion Group Sessions

6:30- 8:00 p.m. Dinner
Presiding: Dean Jim G. Carleton

Trends in Higher Education and the Disabled Student
Dr. Herbert Rusalem, Associate Professor, Hunter College

Friday, June 18

9:00 a.m.-noon General Session
Presiding: Dean Marjorie C. Smith

Reports from Discussion Groups

Summary
Hortence S. Cochrane, Chairman, All-University Rehabilitation Council, Syracuse University

12:30-2:30 p.m. Lunch
Presiding: John R. Hartnett, Acting Dean, School of Social Work, Syracuse University

Resources Available to Academic Institutions at the Local and State Level
John Cummings, State Director, Division of Vocational Rehabilitation, Albany, New York

Resources Available to Academic Institutions at the Federal Level
Anthony DeSimone, Associate Regional Representative, Vocational Rehabilitation Administration, New York, New York

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John Cummings, State Director
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Dr. D. Kenneth Sargent, Dean
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Charles B. Schilling, District Supervisor
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Gladys VanBenschoten, Dean
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Discussion Leaders

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Dr. Julius Cohen, Associate Professor and Coordinator
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Dr. Frederick N. Marty, Professor and Director
Student Health Service, Syracuse University, Syracuse, New York.

Marjorie C. Smith, Assistant Professor and Dean of Women
Syracuse University, Syracuse, New York

David Tatham, Lecturer and Assistant Dean of Men
Syracuse University, Syracuse, New York

Recorders--Graduate Students Syracuse University

J. R. Clarcq

Richard A. Planer

Raymond Lewis

R. Andrew Sloan

Institute Coordinator

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Philip R. Bonner, Director of Admissions
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Judith Welles, Dean of Students
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Local Participants

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All-University Rehabilitation Council of Syracuse University

Members--1964-1965

Hortence S. Cochrane, Chairman
Milton Baker, Secretary
Warren G. Augins
Ellen Burns
Dean Jim G. Carleton
Dr. Julius Cohen
Dr. Betty Cosby
Dr. William M. Cruickshank
Dr. W. Scott Curtis
Lester H. Dye
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Dr. Frederick N. Marty
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Dr. Harrison H. Payne
Dean D. Kenneth Sargent
Dean Marjorie Smith
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David Tatham
Dean Gladys VanBenschoten

Resource Persons

Dr. Clark D. Ahlberg, Vice President for Research and Administration

Dr. Frank P. Piskor, Vice President for Academic Affairs and Dean of Faculties

C. REFERENCES

1. American Mutual Insurance Alliance, 20 North Wacker Drive, Chicago 6, Illinois.
"Workers Worth Their Hire." 14 pp.
Pamphlet explains away many of the myths concerning the undesirability of employing handicapped workers. A twenty-entry bibliography gives sources of information concerning the hiring of the handicapped.

2. "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped." American Standards Association, 10 East 40th Street, New York 16, New York. 1961. 12 pp.
No author given.
These standards specifications were developed to aid in making public buildings accessible to the physically handicapped. Information is provided on such matters as the average size of a wheel chair, the space needed to turn a wheel chair, and the average reach for a person in a wheel chair. Under the headings "Site Development" and "Buildings" are suggestions for constructing usable facilities.

3. Berdie, Ralph F. "Counseling for Physically Disabled Students," Journal of Higher Education, 26:9 (December, 1955), pp. 475-478.
This article describes the work of the counselor for the physically handicapped at the University of Minnesota.

4. Burdett, Arthur D. "Pinpointing the Counselor's Role in Rehabilitation," Journal of Rehabilitation, 26:5 (September-October, 1960), pp. 9-12.
Counselor training and the nine basic factors in rehabilitation are discussed.

5. Condon, Margaret E. "A Survey of Special Facilities for the Physically Handicapped in the Colleges," Personnel and Guidance Journal, 35:9 (May, 1957), pp. 579-583.
A survey of 238 colleges and universities made to determine the special facilities provided for the physically handicapped.

6. DiMichael, Salvatore G. Psychological Services in Vocational Rehabilitation. Washington, D.C.: Office of Vocational Rehabilitation, U. S. Department of Health, Education, and Welfare, no date, printed 1959. 53 pp.

The methods of providing and the values derived from psychological services for the rehabilitation of the disabled.

7. Lerner, Ruth S., and Marion Martin. "What Happens to the College Student with a Physical Handicap?" Personnel and Guidance Journal, 34:2 (October, 1955), pp. 80-85.

A survey was made of 59 handicapped students who had attended Hunter College to determine their major fields, the time needed to complete their college career, age at graduation, and the counseling services they used during their college days.

8. McGowan, John F. (editor). An Introduction to the Vocational Rehabilitation Process. U. S. Department of Health, Education, and Welfare, Office of Vocational Rehabilitation, FIP Bulletin No. 3, Rehabilitation Service Series No. 555. Washington: Government Printing Office, 1960. 201 pp.

Manual for orientation of rehabilitation counselors, detailing the counselor's duties, the importance of client studies and client services. An extensive bibliography is given for each chapter.

9. National Foundation for Infantile Paralysis. Self-Help Devices for Rehabilitation. Dubuque, Iowa: William C. Brown Company, 1958. 418 pp.

This is a catalog of self-help devices for the physically handicapped, compiled by New York University's Bellevue Medical Center, Institute of Physical Medicine and Rehabilitation.

10. Nugent, Timothy J. "Design of Buildings to Permit Their Use by the Physically Handicapped," New Building Research Publication No. 910, Building Research Institute, National Academy of Sciences-National Research Council. (Fall, 1960), pp. 51-66.

Outline of minor points of construction that should be considered in converting present buildings for use by the handicapped.

11. Office of Vocational Rehabilitation, U.S. Department of Health, Education, and Welfare. "Careers in Rehabilitation Counseling." Washington: Government Printing Office, January, 1962. 3pp. mimeographed.

Traineeships of up to $3400 per year of graduate study, are granted by OVR to those whose ability and academic record merit it. Colleges cooperating in this program are listed.

12. Office of Vocational Rehabilitation, U.S. Department of Health, Education, and Welfare. New Hope for the Disabled, Public Law 565, The Vocational Rehabilitation Amendments of 1954. Washington: Government Printing Office, 1962, 23 pp.

This booklet gives the essentials of the State-Federal program of rehabilitation as provided for in Public Law 565.

13. Patterson, C. H. "Counseling the Severely Handicapped College Student," Rehabilitation Counseling Bulletin, 6:2 (June, 1963), pp. 58-69.

This article discusses admission procedures, admissions counseling, educational-vocational areas and therapeutic counseling in helping to solve personal problems.

14. Rehabilitation Literature. Published monthly by the National Society for Crippled Children and Adults, Inc., 2023 West Ogden Avenue, Chicago 12, Illinois. ($4.50 per year).

Rehabilitation Literature identifies and describes current books, pamphlets, and periodical articles pertaining to the care, welfare, education, and employment of handicapped children and adults.

15. Rusalem, Herbert. Guiding the Physically Handicapped College Student. In T C Series in Special Education, ed. Maurice H. Fourace. New York: Columbia University Bureau of Publications, 1962.

Written from the standpoint of personal experience and based on the author's conviction that severely disabled students can function successfully in many colleges and universities.

16. Rusk, Howard A. "Buildings for All," The New York Times, Sunday, November 19, 1961.
Eleven suggestions for making public buildings accessible to handicapped persons.

17. Thomason, Bruce, and Albert M. Barrett (editors). Casework Performance in Vocational Rehabilitation, compiled from proceedings of guidance, training, and placement workshops. U.S. Department of Health, Education, and Welfare, Rehabilitation Service Series No. 505, GIP Bulletin No. 1, May, 1959. Washington: Government Printing Office, 1959. 59 pp.
Goals and roles of the rehabilitation counselor in casework, program planning and provision of services.

18. United States Department of Health, Education, and Welfare, Public Health Service. Planning Multiple Disability Rehabilitation Facilities. Washington: Government Printing Office, 1960. 44 pp.

19. Tucker, William V. editor. Higher Education and Handicapped Students. Kansas State Teachers College, Emporia, Kansas, September, 1964. pp. 91.

20. University of Arkansas, College of Education and the Arkansas Vocational Rehabilitation Agency. Psychological Evaluation in the Vocational Rehabilitation Process. In-service Counselor Training Project for Vocational Rehabilitation Counselors in Arkansas, October, 1957. Monograph 3. 71 pp.
Major emphasis is on the selection, interpretation, and use of standardized tests. A section is included on tests for a representative testing program.

D. RESOURCE MATERIALS

(Available from Source Upon Written Request)

1. Abilities, Inc., Albertson, Long Island, New York
   Harry Viscordi, President
   Frank Gentile, Vice President.

2. Hofstra University, Hempstead, Long Island
   Dr. Alfred Cohn, Coordinator
   "Program for the Higher Education of the Disabled."

3. National Society for Crippled Children and Adults, Inc.
   55 West 42nd Street, New York, New York
   (Loan library and film lending services on architectural barriers).

4. Society for Accessible Construction
   P.O. Box 7368, St. Petersburg, Florida, 33734
   Alan R. Logan, Executive Director
   (Materials on accessibilities of buildings to those with disabilities).

5. State University Construction Fund
   194 Washington Avenue, Albany, New York
   Anthony G. Adinolfi, Manager of Planning
   (Material on "Performance Criteria for Planning Facilities for the Handicapped").

6. The University of Texas, Austin, Texas
   Vocational Rehabilitation Regional Training Center
   Charles S. Eskridge, Field Director

7. University of Missouri
   Testing and Counseling Service
   Handicapped Students Program
   220 Park Hall, Columbia, Missouri
   Dr. Timothy Gust, Assistant Director.

8. University of Illinois
   Division of Rehabilitation--Education Services
   Rehabilitation Center
   Champaign, Illinois
   Dr. Timothy G. Nugent, Director
   (Educational television and audio visual teaching aides).